

PART B - FEE(S) TRANSMITTAL

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22840 7590 01/12/2009

GE HEALTHCARE BIO-SCIENCES CORP.
PATENT DEPARTMENT
800 CENTENNIAL AVENUE
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MELISSA LECK	(Depositor's name)
/MELISSA LECK/	(Signature)
9 APRIL 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/571,194	03/08/2006	Klaus Gebauer	PU0367	1778

TITLE OF INVENTION:

CHROMATOGRAPHY COLUMN DISTRIBUTION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	04/12/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
THERKORN, ERNEST G.	1797	210-198200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 YONGGANG JI
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GE HEALTHCARE BIO-SCIENCES AB

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UPPSALA, SWEDEN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502-590.

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /YONGGANG JI/

Date 9 APRIL 2009

Typed or printed name YONGGANG JI

Registration No. 53073

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